

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE (808) 842-4142
BROWN	WILLIAM	Y.	
MAILING ADDRESS (Street)			FAX (808) 841-4575
1525 BERNICE STREET			
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE (808) 523-6151	
HAWAII MARITIME CENTER		
MAILING ADDRESS (Street)	FAX (808) 536-1519	
PIER 7, HONOLULU HARBOR		
(City)	(State)	(Zip Code)
HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE (808) 848-4170	
DENISE HAYASHI		
MAILING ADDRESS (Street)	FAX (808) 842-4703	
1525 BERNICE STREET		
(City)	(State)	(Zip Code)
HONOLULU	HI	96817

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

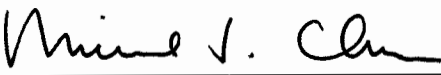


(Signature of Lobbyist)

4/22/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Michael T. Chinaka		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Vice President, Treasurer & CEO	
NAME OF ORGANIZATION (if applicable) Bishop Museum		TELEPHONE (808) 848-4161	
MAILING ADDRESS (Street) 1525 Bernice Street		FAX (808) 841-8968	
(City) Honolulu	(State) HI	(Zip Code) 96817	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		7/8/05	
(Signature of Authorizing Officer or Person Represented)		(Date)	